



**PHIL BREDESEN**  
GOVERNOR

STATE OF TENNESSEE  
**DEPARTMENT OF EDUCATION**  
DIVISION OF SPECIAL EDUCATION  
7<sup>TH</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0380

**LANA C. SEIVERS, Ed.D.**  
COMMISSIONER

## **MEMORANDUM**

**TO:** Special Education Supervisors

**FROM:** Terry Long, Division of Special Education, Director of Data Services

**SUBJECT:** End of Year Report (2005-2006) and February, 2006 Court Report for Districts **NOT Using EasyIEP or EasyCENSUS**

**DATE:** **April 27, 2006**

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It's nearing the end of the school year once again, which means it is time to prepare and submit the End of Year Report and the February Court Report. The End of Year Report should be provided in accordance with your approved Comprehensive Plan for Providing Special Education Services for 2005-2006. This report includes the activities carried out with IDEA Part B funds and Preschool Grant funds.

The following are required for the February Report Court Report:

- A. Certification of Services
- B. List of Inappropriately Served Children with Disabilities
- C. Certification, Persons Suspected of Being Disabled

The following tables are required for the End of Year Report:

Table 1 – End of Year Frequency Report

Table 2 – Personnel Employed

Table 3 – Child Find 3 – 21 Years, Early Childhood Transition & Preschool Service Delivery

Table 4 – Report of Children with Disabilities Ages 14-21 Exiting Report

Table 5 - Suspension/Expulsion Report

Table 6 – Staff Development Activities, Parent Involvement, and Surrogate Parent Training

Table 7 – End of the Year Report for Gifted

**What to Send:** One signed paper copy of the entire End of Year Report (Tables 1-7) and the February Court Report.

**Where to Send:** **(A) SIGNED PAPER COPY TO:**  
Terry Long, Director of Data Services  
Tennessee Department of Education  
Division of Special Education  
Andrew Johnson Tower, 7<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243-0380

AND

**(B) EMAIL COPY TO:**  
[jennifer.henry@state.tn.us](mailto:jennifer.henry@state.tn.us)

**When to Send:** Mail and email on or before June 30, 2006

**For Assistance** Questions about reports –  
**Call:** 1. Tables 1-2 and 4-6 Terry Long at (615) 532-3262  
2. Table 3 – Debbie Cate at (865)594-5691  
3. Table 7 – Mike Copas at (615) 253-0046

**ATTENTION:** Please compare this year's data (05-06) with that of last year's (04-05). If we find a large discrepancy in the data (15-20%), we will contact you for justification. It is very important that your district's completed End of Year Report is mailed and emailed to this office by June 30, 2006.

## **INSTRUCTIONS FOR OPENING THE EMBEDDED TABLE CALCULATION PAGES (FOR MICROSOFT WORD VERSION OF THIS REPORT PACKET)**

These instructions apply to the following tables or sections of tables in the MSWord version of the FEBRUARY COURT REPORT and END OF THE YEAR DATA REPORT packet:

- Court Report, Section C - Certification, Persons Suspected of Being Disabled
- Table 1
- Table 2, Sections B and C
- Table 4
- Table 5 Section A, Section B and Section C, Number 2
- Table 6, Section A

1. Double click inside of the table. It will turn into an Excel worksheet.
2. Enter your information. The formulas will calculate your totals.
3. Before you close the Excel worksheet hold down the Ctrl key and hit the Home key.  
Otherwise your worksheet will not print out properly.
4. Click outside the worksheet and the Excel worksheet will return to the Word document.
5. If you want to save your worksheets to your hard drive click **Save As** and **Rename** the document, do **not** Save after printing.

**Note:**

You may have to use the scroll bar in Word, but scroll slowly. Ignore the Word background while you are in the Excel Worksheet. When you click outside the page it will go back into the right position and print out correctly.

**FEBRUARY 1, 2006 COURT REPORT**  
**OF**  
**CHILDREN AND YOUTH WITH DISABILITIES**

**Submit on or before June 30, 2006**

**Please return the attached forms to:**

**Terry Long  
Tennessee Department of Education  
Division of Special Education  
7<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243-0380**

**I hereby certify that the information provided on the following forms is accurate and represents an unduplicated count of all children youth with disabilities. Documentation is available for review to support this data.**

\_\_\_\_\_  
**District Name**

\_\_\_\_\_  
**Director of Schools Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**District Code #**

**Date of Census:** February 1, 2006  
**Date Due:** June 30, 2006

## **A. CERTIFICATION OF SERVICES**

### **SCHOOL DISTRICT OR AGENCY** \_\_\_\_\_

Each of the Status of Service Codes listed below provide an unduplicated count of all children and youth with disabilities, ages birth through 21 years, who were receiving the described services.

#### **STATUS OF SERVICES**

<b>Status</b>	<b>RECEIVING APPROPRIATE SERVICES</b>	<b>Number</b>
1	Full Special Education Support Service	1)
2	Enrolled in private program at choice of parent and at parent's expense, with special education services provided by the LEA.	2)

<b>Status</b>	<b>RECEIVING LESS THAN APPROPRIATE SERVICE FROM THE LEA</b>	<b>Number</b>
3	Receiving some special education service but less than recommended service	3)
4	Enrolled in school, public or private, but not receiving needed special education from the LEA.	4)
5	Not enrolled in any education program.	5)

<b>TOTAL</b>	Total Count of children and youth with disabilities reported in Status 1-5.	6)
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**B. LIST OF INAPPROPRIATELY SERVED  
CHILDREN AND YOUTH WITH DISABILITIES  
AGES BIRTH - 21 YEARS**

**Date of Census:**      **February 1, 2006**

**Date Due:**            **June 30, 2006**

\_\_\_\_\_ **School District**

STATUS	NAME	AGE	ADDRESS	DISABILITY	REASON

Date of Census: February 1, 2006  
Date Due: June 30, 2006

School District

C. CERTIFICATION

PERSONS SUSPECTED OF BEING DISABLED

For each age please provide an unduplicated count of all persons who have been screened and referred for special education services but have not yet been evaluated.

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Total
Count																							0

For each age please provide an unduplicated count of all persons who have been evaluated for a disability but have not yet been determined to be eligible for special education services.

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Total
Count																							0

The above information is accurate and represents an unduplicated count of all persons in this agency who were suspected of being disabled.

**END OF THE YEAR DATA REPORT**  
**FOR**  
**CHILDREN AND YOUTH WITH DISABILITIES**

**Submit on or before June 30, 2006**

**Please return the attached forms to:**

**Terry Long  
Tennessee Department of Education  
Division of Special Education  
7<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243-0380**

**The information provided is accurate and documentation is available for review to support this data.**

\_\_\_\_\_  
**District Name**

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**District Code #**



## INSTRUCTIONS FOR EOY TABLE 1 END OF THE YEAR FREQUENCY REPORT

This table should reflect those children the school system serviced during the 2005-06 school year (cumulative count). Report children by the primary disability. If a child has more than one disability, report him/her under the condition considered to be the major disability. This is an unduplicated count so each child should be reported only one time.

- 1     Within School System - Give an unduplicated count by the primary disability of the eligible children by age category provided special education services within the school system.
- 2     Contractual Arrangements - Give an unduplicated count by disability of the eligible children by age category who were provided full-time special education services through contractual arrangement with another school system, a private school, or a public agency. **All contracts for full time special education placements must be approved annually by the state Commissioner of Education. No LEA shall expend state funds for contracted placements that have not been approved by the Commissioner.**
- 3     Total who Received Free Appropriate Special Education Services - Total all of those who were provided special education services by the school system directly or through contractual arrangement by age category. **Unduplicated number of students with disabilities (ages 3-21) who received special education services. This included students who turned 22 during the school year.**
- 4     Number who Received Special Transportation – Give an unduplicated Count by age, category and disability of eligible children who were provided special transportation.
- 5     Private School Children Placed by LEA –  
  
      Number Enrolled - Give an unduplicated count by disability of eligible children who were enrolled by LEA in private schools within the boundaries of the school system and were provided special education services by the school system.
- 6     Private School Children Placed by Parents –
  - a. Number Enrolled – Give an unduplicated count by disability of eligible children who were enrolled by parents' choice in private schools within the boundaries of the school system.
  - b. Number Served – Give an unduplicated count by disability of eligible children who were enrolled by parents' choice in private schools within the boundaries of the school system and were provided special education services by the school system.

Authority:     TRR-0520-1-3-.09 (3)(c)  
                  P. L. 94-142.300.227  
                  P. L. 99-457. Section 619

**TABLE 1 – End of Year Frequency Report  
2005-2006**

DISABILITY	(1) Within School System		(2) Contractual Agreement		(3) Total who Received FAPE		(4) # Received Special Transportation		(5) # Private School Students Placed by LEA who Received Services		(6a) # Private School Students Placed by Parents		(6b) # Of Private School Students (6a) Served by LEA This School Year	
	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21
Autism					0	0								
Blind					0	0								
Deaf-Blindness					0	0								
Deafness					0	0								
Developmental Delay					0	0								
Emotional Disturbance					0	0								
Functional Delay					0	0								
Hearing Impairments					0	0								
Intellectually Gifted					0	0								
Language Impairments					0	0								
Mental Retardation					0	0								
Multiple Disabilities					0	0								
Orthopedic Impairments					0	0								
Other - Health Impairments					0	0								
Specific Learning Disabilities					0	0								
Speech Impairment					0	0								
Traumatic Brain Injury					0	0								
Visual Impairments					0	0								
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Grand Total      0**

## INSTRUCTIONS FOR EOY TABLE 2

### PERSONNEL (In Full -Time Equivalency of Assignment) EMPLOYED AND NEEDED TO PROVIDE SPECIAL EDUCATION AND RELATED SERVICES FOR CHILDREN AND YOUTH WITH DISABILITIES

#### General Instructions

Provide the number of full-time equivalent personnel *employed* and *contracted* to provide special education and related services **on or about December 1, 2005**<sup>1</sup>. All personnel employed to serve students with disabilities ages 3-21 regardless of funding source (i.e., Part B of IDEA, State, or local) should be included. Do not count teachers and other instructional personnel who serve children from birth through age 2.

*For Section A, Special Education Teachers Employed* to provide special education to children ages 3-5, report the number of preschool teachers, itinerant/consulting teachers, and home/hospital teachers employed for children with disabilities in this age group. This count should include teachers of children with disabilities in separate schools and facilities. Do *not* include regular preschool teachers who work with children with disabilities.

*For Section B, Special Education Teachers Employed* to provide special education services to children ages 6-21, report teachers of separate classes, resource room teachers, itinerant/consulting teachers, and home/hospital teachers as well as special education teachers who teach in regular education classrooms. This count should also include teachers of children with disabilities in separate schools and facilities. Do *not* include regular classroom teachers who work with children with disabilities.

The number of personnel should be reported in full-time equivalency of assignment. That is, a part-time teacher working 4 hours per day (in a 6-hour school day) would be reported as .67 FTE. Decimals may be used. Place zeros (0) in categories where no personnel are employed. Enter (-9) in categories not used by the state

*For Section C, Other Special Education and Related Services Personnel*, report the number of FTE other special education/related services personnel, by type of personnel employed to provide special education and related services for children with disabilities ages 3-21. *Note that the number of speech pathologists employed has been included in this section.*

#### Specific Column Instructions, All Sections (A, B, C)

- |            |  |
|------------|--|
| Column (1) | Report the number of FTE personnel employed or contracted to provide special education and related services on or about December 1, 2005, who are considered fully certified for the position. This category includes (1) personnel who hold appropriate State certification or licensure for the position held and (2) personnel who hold positions for which <i>no</i> State requirements exist.   |
| Column (2) | Report the number of <i>not fully certified FTE personnel employed or contracted</i> to provide special education and related services on or about December 1, 2005, who were employed on an emergency, provisional, or other basis, if they did not hold standard State certification or licensure for the position to which they were assigned, or if they did not meet other existing State requirements for the position. This includes long-term substitutes. |

Column (3) Add the numbers in columns (1) and (2) to obtain the total number of special education and related services personnel employed on or about December 1, 2005.

### Specific Row Instructions

#### Section A

Row (1) Report the total number of FTE special education teachers employed to work with children with disabilities ages 3-5.

#### Section B

In the space provided, specify the classification scheme selected (e.g., staff certification).

Row (1) Report the total number of FTE special education teachers employed to provide special education and related services for children with disabilities ages 6-21.

Rows (2)-(xx) List each classification category as appropriate to the classification scheme selected. Report the total number of FTE personnel employed to provide special education and related services for children with disabilities ages 6-21 for each category specified. The sum of the totals on rows (2)-(xx) should equal the total on row (1).

#### Section C

Rows (1)-(19) For each other special education and related services personnel category (rows 1-19), report the total number of FTE personnel employed to provide special education and related services for children with disabilities ages 3-21. Do not include teachers already accounted for in Section B.

Row (2) Report an unduplicated count of the number of FTE physical education teachers who provide special physical education, adaptive physical education, movement education, or motor development to children and youth with disabilities.

Row (13) Report an unduplicated count of the number of FTE speech pathologists providing speech services to children with disabilities ages 3-21. *Do not include speech teachers reported in Section B.*

Row (14) Report the number of FTE LEA supervisors/administrators providing special education and related services to children with disabilities ages 3-21. States should include district or intermediate unit special education professionals whose activities are concerned with directing and managing the operation of a particular special education school or program, including professional management, administrative, research, analytical, supervisory, and/or ancillary services. This includes those supervisory/administrative staff members employed in schools operated directly by the SEA.

Row (15) **FOR STATE DEPARTMENT OF EDUCATION USE ONLY (SCHOOL DISTRICTS SHOULD NOT REPORT ANY PERSONNEL IN THIS ROW).** Report the number of FTE SEA supervisory/administrative staff providing special education and related services to children with disabilities ages 3-21. States should include SEA professionals who are involved in professional management, administrative, research, analytical, supervisory, and/or ancillary services associated with special education programs for children and youth with disabilities. Do not include staff in SEA-operated schools if these positions were reported in Row (14).

Row (18) Report the number of FTE other professional staff providing special education and related services for children with disabilities ages 3-21. Include personnel who provide specialized

health services (nurses, psychiatrists, etc.), specialized food service, specialized pupil transportation, etc., and other occupational technicians, for children with disabilities ages 3-21.

Row (19) Report the total number of FTE non-professional personnel not already reported on this form providing special education and related services for children with disabilities ages 3-21.

Row (20) Report the total number of FTE related services and other special education personnel providing special education and related services for children with disabilities ages 3-21. This is a total of Rows (1)-(19).

## EOY TABLE 2

NUMBER AND TYPE OF TEACHERS EMPLOYED (IN FULL-TIME EQUIVALENCY)  
TO PROVIDE SPECIAL EDUCATION AND RELATED SERVICES FOR CHILDREN  
WITH DISABILITIES, AGES 3-5

2005-2006 SCHOOL YEAR

SCHOOL DISTRICT: \_\_\_\_\_

### SECTION A

	(1)	(2)	(3)
SPECIAL EDUCATION TEACHERS	EMPLOYED FULLY CERTIFIED	EMPLOYED NOT FULLY CERTIFIED	TOTAL EMPLOYED (1) + (2)
TOTAL (1)			

**EOY TABLE 2 (Continued)**

NUMBER AND TYPE OF TEACHERS EMPLOYED (IN FULL-TIME EQUIVALENCY)  
TO PROVIDE SPECIAL EDUCATION AND RELATED SERVICES FOR CHILDREN  
WITH DISABILITIES, AGES 6-21

2005-2006 SCHOOL YEAR

SCHOOL DISTRICT: \_\_\_\_\_

**SECTION B**

	(1)	(2)	(3)
AREA OF SPECIALIZATION: (PLEASE SPECIFY CATEGORIES)	EMPLOYED FULLY CERTIFIED	EMPLOYED NOT FULLY CERTIFIED	TOTAL EMPLOYED (1) +(2)
TOTAL SPECIAL EDUCATION TEACHERS (1)			0
MENTAL RETARDATION			0
HEARING IMPAIRMENTS			0
SPEECH OR LANGUAGE IMPAIRMENTS			0
VISUAL IMPAIRMENTS			0
EMOTIONAL DISTURBANCE			0
ORTHOPEDIC IMPAIRMENTS			0
OTHER HEALTH IMPAIRMENTS			0
SPECIFIC LEARNING DISABILITIES			0
DEAF-BLINDNESS			0
MULTIPLE DISABILITIES			0
AUTISM			0
TRAUMATIC BRAIN INJURY			0
DEVELOPMENTAL DELAY*			0

## EOY TABLE 2 (Continued)

NUMBER AND TYPE OF OTHER PERSONNEL EMPLOYED (IN FULL-TIME EQUIVALENCY)  
TO PROVIDE SPECIAL EDUCATION AND RELATED SERVICES FOR CHILDREN  
WITH DISABILITIES, AGES 3-21

2005-2006 SCHOOL YEAR

SCHOOL DISTRICT: \_\_\_\_\_

### SECTION C

	(1)	(2)	(3)
OTHER SPECIAL EDUCATION AND RELATED SERVICES PERSONNEL	EMPLOYED FULLY CERTIFIED	EMPLOYED NOT FULLY CERTIFIED	TOTAL EMPLOYED (1) + (2)
VOCATIONAL EDUCATION TEACHERS (1)			0
PHYSICAL EDUCATION TEACHERS (2)			0
WORK-STUDY COORDINATORS (3)			0
PSYCHOLOGISTS (4)			0
SCHOOL SOCIAL WORKERS (5)			0
OCCUPATIONAL THERAPISTS (6)			0
AUDIOLOGISTS (7)			0
TEACHER AIDES (8)			0
RECREATION AND THERAPEUTIC RECREATION SPECIALISTS (9)			0
DIAGNOSTIC AND EVALUATION STAFF (10)			0
PHYSICAL THERAPISTS (11)			0
COUNSELORS (12)			0
SPEECH PATHOLOGISTS (13)			0
SUPERVISORS/ADMINISTRATORS (LEA) (14)			0
TOTAL ROWS 1-14	0	0	0



## EOY TABLE 2 (Continued)

NUMBER AND TYPE OF OTHER PERSONNEL EMPLOYED (IN FULL-TIME EQUIVALENCY)  
TO PROVIDE SPECIAL EDUCATION AND RELATED SERVICES FOR CHILDREN  
WITH DISABILITIES, AGES 3-21

2005-2006 SCHOOL YEAR

SCHOOL DISTRICT: \_\_\_\_\_

### SECTION C (CONTINUED)

	(1)	(2)	(3)
OTHER SPECIAL EDUCATION AND RELATED SERVICES PERSONNEL	EMPLOYED FULLY CERTIFIED	EMPLOYED NOT FULLY CERTIFIED	TOTAL EMPLOYED (1) + (2)
SUPERVISORS/ADMINISTRATORS (SEA) (15)			
INTERPRETERS (16)			0
REHABILITATION COUNSELORS (17)			0
OTHER PROFESSIONAL STAFF (18)			0
NON-PROFESSIONAL STAFF (19)			0
(TOTAL ROWS 15-19)	0	0	0

TOTAL OTHER SPECIAL EDUCATION AND RELATED SERVICES STAFF (20)  
(TOTAL ROWS 1-19) (**MUST BE COMPUTED MANUALLY**)

School District: \_\_\_\_\_

**TABLE 3, SECTION 1  
CHILD FIND FOR AGES 3 THROUGH 21  
2005-2006 School Year**

- A.** For each Public Awareness Activity your school district conducted give actual number of contacts by source:

_____ Newsletter(s)	_____ Board Meetings	_____ Pamphlets/Brochures/Flyers
_____ Newspaper(s)	_____ Parent Meetings	_____ Doctors Offices
_____ Radio	_____ Parent Surveys	_____ Bulletin Boards
_____ announcements	_____ Day Care Centers	_____ Health Department
_____ TV announcements	_____ Laundromats	
_____ Website		
Other (Specify):	_____	

\_\_\_\_\_

\_\_\_\_\_

- B.** On a scale of 1-10 rate the effectiveness of collaboration activities with each of the agencies checked in the Comprehensive Plan (with “1” being no collaboration and “10” being excellent)

_____ Faith-based Programs/Mothers’ Day Out Programs	_____ Homeless Coordinator
_____ Dept. of Children’s Services	_____ Migrant Coordinator
_____ Dept. of Correction	_____ TEIS
_____ Dept. of Human Services	_____ TIPS
_____ ELL	_____ Vocational Rehabilitation
_____ Head Start	_____ Voluntary (Lottery-funded) Pre-K
_____ Health Department	_____ Other – Specify
_____ Child Care/Preschool	_____

**TABLE 3, SECTION 2**

**EARLY CHILDHOOD TRANSITION DATA**

This data is used to inform the Federal Office of Special Education Programs. Please provide actual numbers for **July 1, 2005 – June 30, 2006**

	Total
<b>A.</b> Number of transition meetings held with Early Intervention, Part C providers for students age 2 and/or on the child's 3 <sup>rd</sup> birthday.	
<b>B.</b> Number of children transitioning from Part C determined to be NOT eligible for Part B services	
<b>C.</b> Number of children with IEPs written and signed on or before third birthday from Early Intervention (Part C) programs.	

**Percentage of Students from Part C Determined to Be Eligible by their 3<sup>rd</sup> Birthday:**

Row C divided by Row A minus Row B multiplied 100 equals \_\_\_\_ % .

$$\boxed{\phantom{000}} \div (\boxed{\phantom{000}} - \boxed{\phantom{000}}) \times 100 = \boxed{\phantom{000}} \%$$

<b>D.</b> Number of children with IEP written and signed on or before third birthday from <b>LEA Child Find</b> .	
<b>E.</b> Total number of <b>Early Intervention (Part C)</b> <i>and</i> <b>LEA Child Find</b> children with IEP written and signed on or before third birthday. Add Rows C and D for total.	

**TABLE 3, SECTION 3**

**PRESCHOOL SERVICE DELIVERY**

**STUDENT COUNT BY PROGRAM TYPE**

**Section 3 Directions:** For each program listed below, indicate the total number of special education **children** served in *local programs*. **Select a report date (Dec. 1, 2005 or May 1, 2006).** For children served in more than one setting, report the child's *primary local program only* (the setting where the child spends the MAJORITY of his/her educational program).

**Date of Student Count used for Table 3, Section 3:** \_\_\_\_\_  
(date)

<b>Type of Program</b>	<b>Total Student Count Ages 3-5</b>
Preschool programs for 3-5 year olds (participation in general curriculum)	
Title 1 Preschool Program	
Head Start (LEA sponsored)	
Head Start (other community agency)	
Preschool programs operated in conjunction with a secondary vocational child care	
Other community programs (e.g. private child care or preschool program) Specify:	
Home	
Other LEA Preschool Program(s) (may be unique to the LEA) Specify	
<b>Total</b> (Sum of all the above)	

**TABLE 3, SECTION 4**  
**PRESCHOOL SERVICE DELIVERY**  
**TYPES OF PRESCHOOL CLASSROOMS IN LEA**

**Section 4 Directions:** Please provide number of **preschool classrooms** operated by the LEA during the 2005-2006 school year in each of the following categories:

<b>Number of Preschool Classrooms Operated by LEA</b>				
	<b>Full - day</b>	<b>Half-day (one session only)</b>	<b>Split Day (two sessions per day)</b>	<b>Other Schedule</b>
<b>1.</b> Special Education Preschool Classroom (only has Children with Disabilities)				
<b>2.</b> Integrated Classroom ( <u>enrollment</u> consists of children with disabilities and typically developing peers)				
• Head Start/Special Ed. Collaborative (LEA Operated)				
• LEA Supported Preschool (Local Funds)				
• Title Preschool Classrooms				
• Dept. of Education Contracted At-Risk Preschool Classroom				
<b>Total Preschool Classrooms</b>				
Comments or further description of these preschool classrooms: (optional)				

## INSTRUCTIONS FOR EOY TABLE 4

### REPORT OF CHILDREN WITH DISABILITIES AGES 14 - 21 EXITING SPECIAL EDUCATION

2005-2006 School Year

#### General Instructions

Provide a count of the number of children with disabilities reported under IDEA, Part B who exited special education in 2005-2006 SY. Data are to be provided by age, disability category, basis of exit, and race/ethnicity. All data provided must sum, as an unduplicated count, to Section B of the table where you report the total for all disabilities. **The age of the student should reflect his/her age in years on the date of the child count, not at time of exit.**

#### Specific Instructions

#### Sections A-C

In these tables, enter an unduplicated count of all children with disabilities, by age category and disability, **who were in special education at the start of the reporting period, but were not in special education at the end of the reporting period.** Place zeros (0) in categories where no children have exited the program.

Row A. **Transferred to regular education.** Total who were served in special education **at the start of the reporting period**, but at some point during that 12-month period, **returned to regular education.** These are students who no longer have an IEP and are receiving all of their educational services from a **regular** education program.

Row B. **Graduated with regular high school diploma.** Total who exited an educational program through receipt of a high school diploma identical to that for which students without disabilities are eligible. These are students who met the same standards for graduation as those for students without disabilities.

Row C. Received a certificate. Total who exited an educational program and received a certificate of completion, modified diploma, or some similar document. This includes students who received a high school diploma, but did not meet the same standards for graduation as those for students without disabilities. If your State does not use certificates, enter -9 in the appropriate cells.

Row D. Reached maximum age. Total who exited special education because of reaching the maximum age for receipt of special education services, including students with disabilities who reached the maximum age and did not receive a diploma.

Row E. Died. Total who died. Breakouts by age are optional for students who died.

Row F. Moved, known to be continuing. Total who moved out of the catchment area or otherwise transferred to another district and are *KNOWN* to be continuing in an educational program. **There**

**need not be evidence that the student is continuing in special education, only that he/she is continuing in an education program.** This row includes counts of and students in residential drug/alcohol rehabilitation centers, correctional facilities, or charter schools if those facilities operate as separate districts, excluding normal matriculation.

Row G. Dropped out. Total who were enrolled **at the start of the reporting period**, were not enrolled at the end of the **reporting** period, and did not exit special education through any of the other bases described. This row includes dropouts, runaways, GED recipients,<sup>2</sup> expulsions, status unknown, **students who moved and are not known to be continuing in another educational program**, and other exiters from special education.

Row H. Total of rows (A)-(G).

### Section A

Report the number of students ages 14-21 that exited special education by age-year, disability category, and basis of exit.

### Section B

Report the total number of students ages 14-21 that exited special education by age-year and basis of exit. These figures must equal the sum of the data reported in Section A.

### Section C

Report the total number of students ages 14-21 that exited special education by race/ethnicity and basis of exit. These figures must equal the total data reported in Section B.

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<sup>2</sup> In school districts where students may receive a GED without dropping out of school, these **students may be reported as graduating with a diploma (Row B). These are students who were jointly enrolled in secondary education and a GED program.** In all other cases, GED recipients should be reported in Row G.

# EOY TABLE 4

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

## SECTION A

	DISABILITY/AGE																			
	MENTAL RETARDATION										HEARING IMPAIRMENTS									
BASIS OF EXIT:	14	15	16	17	18	19	20	21	22+	TOTAL	14	15	16	17	18	19	20	21	22+	TOTAL
(A) TRANSFERED TO REGULAR EDUCATION										0										0
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA										0										0
(C) RECEIVED A CERTIFICATE										0										0
(D) REACHED MAXIMUM AGE										0										0
(E) DIED										0										0
(F) MOVED, KNOWN TO BE CONTINUING										0										0
(G) DROPPED OUT										0										0
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



**EOY TABLE 4 (continued)**

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

\_\_\_\_\_  
\_\_\_\_\_

**SECTION A (CONTINUED)**

	DISABILITY/AGE																				
	SPEECH OR LANGUAGE IMPAIRMENTS										VISUAL IMPAIRMENTS										
BASIS OF EXIT:	14	15	16	17	18	19	20	21	22+	TOTAL	14	15	16	17	18	19	20	21	22+	TOTAL	
(A) TRANSFERED TO REGULAR EDUCATION										0										0	
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA										0										0	
(C) RECEIVED A CERTIFICATE										0										0	
(D) REACHED MAXIMUM AGE										0										0	
(E) DIED										0										0	
(F) MOVED, KNOWN TO BE CONTINUING										0										0	
(G) DROPPED OUT										0										0	
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**EOY TABLE 4 (continued)**

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

\_\_\_\_\_  
\_\_\_\_\_

**SECTION A (CONTINUED)**

	DISABILITY/AGE																				
	EMOTIONAL DISTURBANCE										ORTHOPEDIC IMPAIRMENTS										
BASIS OF EXIT:	14	15	16	17	18	19	20	21	22+	TOTAL	14	15	16	17	18	19	20	21	22+	TOTAL	
(A) TRANSFERED TO REGULAR EDUCATION										0										0	
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA										0										0	
(C) RECEIVED A CERTIFICATE										0										0	
(D) REACHED MAXIMUM AGE										0											0
(E) DIED										0										0	
(F) MOVED, KNOWN TO BE CONTINUING										0										0	
(G) DROPPED OUT										0										0	
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**EOY TABLE 4 (continued)**

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

**SECTION A (CONTINUED)**

	DISABILITY/AGE																			
	OTHER HEALTH IMPAIRMENTS										SPECIFIC LEARNING DISABILITIES									
BASIS OF EXIT:	14	15	16	17	18	19	20	21	22+	TOTAL	14	15	16	17	18	19	20	21	22+	TOTAL
(A) TRANSFERED TO REGULAR EDUCATION										0										0
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA										0										0
(C) RECEIVED A CERTIFICATE										0										0
(D) REACHED MAXIMUM AGE										0										0
(E) DIED										0										0
(F) MOVED, KNOWN TO BE CONTINUING										0										0
(G) DROPPED OUT										0										0
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**EOY TABLE 4 (continued)**

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

**SECTION A (CONTINUED)**

	DISABILITY/AGE																			
	DEAF- BLINDNESS										MULTIPLE DISABILITIES									
BASIS OF EXIT:	14	15	16	17	18	19	20	21	22+	TOTAL	14	15	16	17	18	19	20	21	22+	TOTAL
(A) TRANSFERED TO REGULAR EDUCATION										0										0
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA										0										0
(C) RECEIVED A CERTIFICATE										0										0
(D) REACHED MAXIMUM AGE										0										0
(E) DIED										0										0
(F) MOVED, KNOWN TO BE CONTINUING										0										0
(G) DROPPED OUT										0										0
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**EOY TABLE 4 (continued)**

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

\_\_\_\_\_  
\_\_\_\_\_

**SECTION A (CONTINUED)**

	DISABILITY/AGE																			
	AUTISM										TRAUMATIC BRAIN INJURY									
BASIS OF EXIT:	14	15	16	17	18	19	20	21	22+	TOTAL	14	15	16	17	18	19	20	21	22+	TOTAL
(A) TRANSFERRED TO REGULAR EDUCATION										0										0
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA										0										0
(C) RECEIVED A CERTIFICATE										0										0
(D) REACHED MAXIMUM AGE										0										0
(E) DIED										0										0
(F) MOVED, KNOWN TO BE CONTINUING										0										0
(G) DROPPED OUT										0										0
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**EOY TABLE 4 (continued)**

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

**SECTION B**

	DISABILITY/AGE									
	ALL DISABILITIES									
BASIS OF EXIT:	14	15	16	17	18	19	20	21	22+	TOTAL
(A) TRANSFERED TO REGULAR EDUCATION										0
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA										0
(C) RECEIVED A CERTIFICATE										0
(D) REACHED MAXIMUM AGE										0
(E) DIED										0
(F) MOVED, KNOWN TO BE CONTINUING										0
(G) DROPPED OUT										0
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0	0	0	0	0

**EOY TABLE 4 (continued)**

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

**SECTION C**

RACE/ETHNICITY: BASIS OF EXIT:	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE	TOTAL
(A) TRANSFERED TO REGULAR EDUCATION						0
(B) GRADUATED WITH REGULAR HIGH SCHOOL DIPLOMA						0
(C) RECEIVED A CERTIFICATE						0
(D) REACHED MAXIMUM AGE						0
(E) DIED						0
(F) MOVED, KNOWN TO BE CONTINUING						0
(G) DROPPED OUT						0
(H) TOTAL (OF ROWS A-G):	0	0	0	0	0	0

### EOY TABLE 4 (continued)

REPORT OF CHILDREN WITH DISABILITIES AGES 14-21 EXITING  
SPECIAL EDUCATION DURING THE 2005-2006 SCHOOL YEAR

#### SECTION D

**PLEASE NOTE: USE THE ROW TOTALS FROM TABLE 4 SECTION C TO COMPLETE THE CALCULATIONS BELOW.**

Summary of the percentage of exiting students with disabilities exiting with a regular diploma:

Total of Row B	Divided by	Summed totals of Rows B, C, D, and G	Multiplied by 100	
<input type="text"/>	/	<input type="text"/>	$\times 100 =$	<input type="text"/> %

The percent of students exiting special education who are exiting with a regular diploma is defined as the number of students receiving special education services who graduated with a regular high school diploma divided by the number of students receiving special education services age 14 or older who left school with a regular diploma, with a certificate, after reaching maximum age, or by dropping out.

Summary of the percentage of exiting students with disabilities who dropped out:

Total of Row G	Divided by	Summed totals of Rows B, C, D, and G	Multiplied by 100	
<input type="text"/>	/	<input type="text"/>	$\times 100 =$	<input type="text"/> %

The percentage of exiting students dropping out is calculated by dividing the number of students with disabilities 14 years and older who dropped out by the number of students with disabilities 14 years and older who graduated with a diploma, received a certificate, reached the maximum age for services, or dropped out, then multiplying by 100.



## INSTRUCTIONS FOR EOY TABLE 5

### SUSPENSION/EXPULSION REPORT

#### REPORT OF CHILDREN WITH DISABILITIES UNILATERALLY REMOVED OR SUSPENDED/EXPELLED FOR MORE THAN 10 DAYS

#### 2005-2006 SCHOOL YEAR

##### General Instructions

1. Counts should cover the entire school year.
2. Children should be reported (1) by disability, (2) by race/ethnicity, and (3) grade-level group.
3. Include children ages 3-21. Age should be determined as of the child count date of the relevant school year.

Selected Definitions (See OSEP Data Dictionary for additional definitions see <http://www.ideadata.org/docs/bdatadictionary.pdf> )

*Interim Alternative Educational Setting* – An appropriate setting determined by the child's IEP team in which the child is placed for no more than 45 days. This setting enables the child to continue to progress in the general curriculum; to continue to receive the services and modifications, including those described in the child's current IEP; and to meet the goals set out in the IEP. Setting includes services and modifications to address the problem behavior and to prevent the behavior from recurring.

*Unilateral Removal* – Instances in which school personnel (not the IEP team) order the removal of children with disabilities from their current educational placement to an appropriate interim alternative educational setting for not more than 45 days. The IEP team is responsible for determining the interim alternative educational setting. Unilateral removals do NOT include decisions by the IEP team to change a student's placement.

*Drug Offenses* – The use, possession, sale, or solicitation of drugs as identified in 21 U.S.C. §812. These offenses do not include use, possession, sale, or solicitation of alcohol or tobacco.

*Dangerous Weapon* – A weapon, device, instrument, material, or substance, animate or inanimate, that is used for, or is readily capable of causing death or serious bodily injury, except that such a term does not include a pocket knife with a blade of less than 2½ inches in length (18 U.S.C. §930).

*Removal by a Hearing Officer* – Those instances in which an impartial hearing officer orders the removal of children with disabilities from their current educational placement to an appropriate alternative educational setting for not more than 45 days based on the hearing officer's

determination that the public agency has demonstrated by substantial evidence that maintaining the child's current placement is substantially likely to result in injury to the child or others.

*Weapons Offense* - The child carries a dangerous *weapon* to school or to a school function under the jurisdiction of a State or a local educational agency. **Please note that this is a nonregulatory definition developed by OSEP for data collection purposes.**

### Specific Instructions, Section A

In Section A, information is reported by disability category. In columns 1, 2, and 3, States *must* report the number of children in each column by disability category.

In column 1A, provide an *unduplicated* count of children ages 3-21 who were unilaterally removed for drug or weapons offenses (as defined above) by school personnel (not the IEP team) from their current educational placement to an interim alternative educational setting (determined by the IEP team).

**In column 1B, report the total number of times children ages 3-21 were unilaterally removed for drug offenses, as defined above. In column 1C, report the total number of times children ages 3-21 were unilaterally removed for weapons offenses, as defined above. A child may be counted more than once in columns 1B and 1C. If, in the course of a single incident, a child committed both a drug offense and a weapon offense, report the drug offense in column 1B and report the weapon offense in column 1C.**

**In column 2, report the total number of children ages 3-21, who were removed to an interim alternative educational setting based on a hearing officer determination of likely injury to themselves or others. Provide an unduplicated count of children removed by a hearing officer.**

**In column 3A, provide an *unduplicated* count of children ages 3-21 who were suspended or expelled for more than 10 days during the school year for any offense or combination of offenses. Include only out-of-school suspensions.**

**In column 3B, report the number of times children ages 3-21 were subject to a single suspension/ expulsion of more than 10 days. A child may be counted more than once in column 3B. In column 3C, report the number of children ages 3-21 who were subject to multiple short-term suspensions summing to more than 10 days. A child may be counted only once in column 3C. Include only out-of-school suspensions.** The same child can be reported in both columns 3B and 3C if, during the reporting period, he/she was subject to one or more single suspension/expulsions of more than 10 days and a series of multiple short-term suspensions summing to more than 10 days.

The child counts for columns 1A and 3A are unduplicated within each of those columns. Each child counted in columns 1B and/or 1C should be counted once, and only once, in column 1A.

Similarly, each child counted in columns 3B and/or 3C should be counted once, and only once, in column 3A.

**A child should be counted in only one column (1, 2, or 3) for the same offense. A child who is counted in column 1 for unilateral removal to an interim alternative educational setting should not be counted again in column 3 for the same removal. Similarly, a child who is removed for likely injury in column 2 should not be counted again in column 3 for the same removal. A child with more than one offense could be counted in more than one column (1, 2, or 3). For example, a child who was unilaterally removed to an interim alternative educational setting and, later in the school year, was suspended/expelled for more than 10 days for a separate offense, should be reported in both column 1 and column 3.**

### **Specific Instructions, Section B**

The columns found in Section A are repeated in Section B. In Section B, however, data are reported by race/ethnicity categories. Districts *must* report the number of children in each column by race/ethnicity.

In November 1997, OMB announced its decision concerning the revision of Race and Ethnic Standards for Federal Statistics and Administrative Reporting. In that announcement, OMB reported that there would be five racial categories -- American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White -- and one ethnic category -- Hispanic or Latino. Additionally, OMB announced that individuals would be allowed to select as many race/ethnicity categories as were applicable. Under the new reporting requirements a single, multi-racial category cannot be used. **OSEP is actively working with other offices within the Department of Education (ED) to determine what categories will be used for reporting aggregated data and anticipates that final decisions on reporting these data will be made soon. Until aggregate reporting categories are implemented, data should be reported using the five racial categories described below.**

The race/ethnicity categories are defined as follows:

American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Hawaii, Guam, and Samoa.
Black (not Hispanic)	A person having origins in any of the Black racial groups of Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South

	American, or other Spanish culture or origin, regardless of race.
White (not Hispanic)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Total	The unduplicated total across the race/ethnicity designations.

Note that children can only be reported in *one* race/ethnicity category.

### **Specific Instructions, Sections A and B**

**In Sections A and B, the number reported in each line of column 1A should be less than or equal to the sum of each line of columns 1B and 1C. The number reported in each line of column 3A should be less than or equal to the sum of each line of columns 3B and 3C. The number reported in each column in line 14 of Section A should equal the number reported in the corresponding column in line 6 of Section B.**

### **Specific Instructions, Section C**

In Section C, summarize the suspension and expulsion data from Table 5 Sections A and B.

In Section C Number 1, calculate the percentage of students with disabilities (IDEA) who were suspended or expelled for more than 10 days during the 2005-2006 school year using the formula provided. Use the unduplicated count of students with disabilities who were suspended/expelled for more than 10 days from Column 3a. Please note that the total in Column 3a of Table 5, Section A must be equal to the total in Column 3a of Table 5, Section B.

**In Section C Number 2, provide the number of students shown in Sections A and B disaggregated by grade-level groups.**

## EOY TABLE 5, SECTION A

### REPORT OF CHILDREN WITH DISABILITIES UNILATERALLY REMOVED TO AN INTERIM ALTERNATIVE EDUCATIONAL SETTING, OR SUSPENDED OR EXPELLED FOR MORE THAN 10 DAYS: SCHOOL YEAR 2005-2006

Section A

LEA: \_\_\_\_\_

Children with Disabilities Ages 3-21	1. Unilateral Removals to an Interim Alternative Educational Setting by School Personnel			2. Removals to an Interim Alternative Educational Setting Based on a Hearing Officer Determination Regarding Likely Injury	3. Suspensions or Expulsions > 10 Day <sup>1</sup>		
Disability	a. Unduplicated Count of Children	b. Number of Unilateral Removals for Drugs	c. Number of Unilateral Removals for Weapons	Unduplicated Count of Children	a. Unduplicated Count of Children	b. Number of Single Suspension/Expulsions > 10 Days	c. Number of Children with Multiple Suspension/Expulsions Summing to > 10 Days
1. Mental Retardation							
2. Hearing Impairments							
3. Speech or Language Impairments							
4. Visual Impairments							
5. Emotional Disturbance							
6. Orthopedic Impairments							
7. Other Health Impairments							
8. Specific Learning Disabilities							
9. Deaf-Blindness							
10. Multiple Disabilities							
11. Autism							
12. Traumatic Brain Injury							
13. Developmental Delay							
14. Total	0	0	0	0	0	0	0

<sup>1</sup>IMPORTANT NOTE: Include only out-of-school suspensions.

## EOY TABLE 5, SECTION B

### REPORT OF CHILDREN WITH DISABILITIES UNILATERALLY REMOVED TO AN INTERIM ALTERNATIVE EDUCATIONAL SETTING, OR SUSPENDED OR EXPELLED FOR MORE THAN 10 DAYS: SCHOOL YEAR 2005-2006

Section B

LEA: \_\_\_\_\_

Children with Disabilities Ages 3-21	1. Unilateral Removals to an Interim Alternative Educational Setting by School Personnel			2. Removals to an Interim Alternative Educational Setting Based on a Hearing Officer Determination Regarding Likely Injury	3. Suspensions or Expulsions > 10 Day <sup>1</sup>		
Disability	a. Unduplicated Count of Children	b. Number of Unilateral Removals for Drugs	c. Number of Unilateral Removals for Weapons	Unduplicated Count of Children	a. Unduplicated Count of Children	b. Number of Single Suspension/ Expulsions > 10 Days	c. Number of Children with Multiple Suspension/ Expulsions Summing to > 10 Days
1. White, non-Hispanic							
2. Black, non-Hispanic							
3. Hispanic							
4. Asian/Pacific Islander							
5. American Indian or Alaska Native							
6. Total	0	0	0	0	0	0	0

<sup>1</sup> IMPORTANT NOTE: Include only out-of-school suspensions.

## EOY Table 5, Section C

### 1. Count of students with disabilities (IDEA) who were suspended or expelled for more than 10 days during the 2005-2006 school year by Grade Level Group:

Children with Disabilities Ages 3-21	1. Unilateral Removals to an Interim Alternative Educational Setting by School Personnel			2. Removals to an Interim Alternative Educational Setting Based on a Hearing Officer Determination Regarding Likely Injury	3. Suspensions or Expulsions > 10 Day <sup>1</sup>		
Disability	a. Unduplicated Count of Children	b. Number of Unilateral Removals for Drugs	c. Number of Unilateral Removals for Weapons	Unduplicated Count of Children	a. Unduplicated Count of Children	b. Number of Single Suspension/ Expulsions > 10 Days	c. Number of Children with Multiple Suspension/ Expulsions Summing to > 10 Days
1. Pre-K - Kindergarten							
2. Grades 1 - 4							
3. Grades 5 - 8							
4. Grades 9 - 12							
6. Total	0	0	0	0	0	0	0

### 2. Percentage of students with disabilities (IDEA) who were suspended or expelled for more than 10 days during the 2005-2006 school year:

Total number of students with suspensions or expulsions greater than 10 days from Column 3a (*see note below*) =

**DIVIDED BY**

Total number of students with disabilities shown in your district Dec. 1, 2005 Table 1 Child Count report =

$$\begin{array}{c}
 \boxed{\phantom{000000}} \\
 \hline
 \boxed{\phantom{000000}}
 \end{array}
 = \boxed{\phantom{000000}}
 \begin{array}{c}
 \text{MULTIPLIED} \\
 \text{BY} \\
 100
 \end{array}
 =$$

**NOTE:** The totals for both Section A, Column 3a and Section B, Column 3a must be equal.

The district's percentage of students with disabilities (IDEA) who were suspended or expelled for more than 10 days during the 2005-2006 school year.

                     %

## School Year July 1, 2005 – June 30, 2006

SCHOOL DISTRICT: \_\_\_\_\_

<sup>1</sup> List one code that best describes the primary content of this training event – SEE NEXT PAGE FOR TCSPP AND CPR RELATED CODES.

<sup>2</sup> Enter the number of parents, special educators, general educators, and paraprofessionals who attended each event. If Other, such as Administrators, please type in.

<sup>3</sup> Provide a brief description of results of training in terms of impact on children in the classroom.



## **CONTENT CODE SHEET FOR TABLE 6, SECTION A**

### **REPORT ON STAFF DEVELOPMENT ACTIVITIES AND PARENT INVOLVEMENT**

School Year July 1, 2005 – June 30, 2006

<b>CODE</b>	<b>DESCRIPTOR</b>	<b>Linkage to TCSP (SPP and CPR Indicator #s)</b>
<b>A</b>	Differentiated Instruction	<b>2, 3</b>
<b>B</b>	TCAP <ul style="list-style-type: none"> <li>• Testing Accommodations</li> <li>• Alternate Assessment</li> <li>• Portfolio Assessment</li> </ul>	<b>2, 3</b>
<b>C</b>	Response to Intervention (RTI)	<b>2, 3, 5</b>
<b>D</b>	Discipline <ul style="list-style-type: none"> <li>• Positive Behavior Supports</li> <li>• Function Behavior Assessment</li> <li>• Behavior Intervention Plans</li> </ul>	<b>4</b>
<b>E</b>	General Ed. Classroom Modifications/Accommodations	<b>5</b>
<b>F</b>	Preschool <ul style="list-style-type: none"> <li>• Modifications in Early Childhood Settings (including Kindergarten)</li> <li>• Pre-K Outcomes Measurement</li> <li>• Transition from Part C to Part B Services</li> <li>• Inclusive Practices</li> </ul>	<b>6, 11, 12</b>
<b>G</b>	Disproportionality <ul style="list-style-type: none"> <li>• Overrepresentation</li> <li>• Underrepresentation</li> <li>• Culturally Responsive Screening, Evaluation, and Classroom Practice</li> </ul>	<b>9, 10</b>
<b>H</b>	Gifted Education <ul style="list-style-type: none"> <li>• Gifted Child Find</li> <li>• Culturally Responsive Screening <ul style="list-style-type: none"> <li>◦ Grade-level Screening</li> <li>◦ Individual Screening</li> </ul> </li> <li>• Culturally Responsive Assessment</li> </ul>	<b>21</b>
<b>I</b>	Secondary Transition <ul style="list-style-type: none"> <li>• Self-determination/Self-advocacy</li> <li>• Transition Planning</li> <li>• Community Based Instruction Programs</li> <li>• Work Based Learning</li> </ul>	<b>13, 14</b>
<b>J</b>	Student Data Management <ul style="list-style-type: none"> <li>• EasyIEP/EasyCENSUS</li> <li>• StarStudent</li> <li>• Education Information System (EIS)</li> </ul>	<b>20</b>
Please use the codes below to list content of other staff development activities that are not represented in Codes A through J above.		
<b>K</b>	Other 1 -	
<b>L</b>	Other 2 -	
<b>M</b>	Other 3 -	
<b>N</b>	Other 4 -	

LEA: \_\_\_\_\_

**EOY TABLE 6, Section B  
2005-2006**

**OTHER PARENT INVOLVEMENT (not reported in Table 6, Section A)**

	Frequency of Contact	Number to Participate/Distribute
Parent Support Groups		
Parent/Professional Committees		
School Improvement Planning Committees		
Transition/Community/Agency Collaboration		
Newsletter		
Other (Specify)		

**SURROGATE PARENT TRAINING**

Date	Training Topic	# Participating

**Please provide the number of Special Education Children and Youth that required surrogate parents during the 2005-06 school - year:**

## INSTRUCTIONS – TABLE 7

1. Provide data for 2005-2006, beginning with July 1, 2005 and ending with June 30, 2006.
2. Sections B and C report the compilation or total of aggregated data submitted to the LEA on the *Gifted Tracking Log* by each school.

[Please Note]: School systems are now required to provide a copy of the LEA's aggregated *Gifted Tracking Log* with Table 7 Report Forms.

Note: Include in Sections B and C all referrals for gifted assessment that have been completed no later than June 30, 2006 (i.e., assessment and IEP team or general education placement meeting). Referrals that are not completed by June 30, 2006 (including the IEP team or general education placement meeting) will be reported for the 2006-2007 school year.

3. Data in Section D reports the number of students by grade and ethnic classification who are receiving gifted services in Special Education (with an IEP) or in specific programs provided for gifted students within the General Education curriculum.

Note: If students have received gifted services at any time during the school year, include this count in Section E.

### System and Reporting Information

Record the following information:

1. **School System** – Name of school system
2. **School Year** – 2005-2006
3. **Person Reporting** – Person completing Table 7
4. **Phone** – Contact number for person completing Table 7
5. **Email** – Contact email for person completing Table 7
- 6a) **TN DOE Approved LEA Plan for Gifted on file** – Check box to indicate Yes or No
- 6b) **Latest Revision / DOE Approval Date** – Record date of last DOE Approved *LEA Plan for Gifted*

### Section A—Systematic Grade Level Screening

**Note:** Section A reports systemwide grade level screening for gifted identification. Section A **does not address eligibility and placement for services**. Eligibility and Placement are addressed in Section C.

#### System Provides Grade Level Screening at Grade [Check One]

Check box to indicate the grade level at which your system provides grade level screening for gifted identification (i.e., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup>). If box "other" is checked, give a brief description of your system's grade level screening procedure as stated in the latest revision of your *LEA Plan for Gifted* on file with TnDOE.

#### Grade Level Screening (Student Total)

Report by ethnicity the Total Number of Students provided Systematic Grade Level Screening for Gifted Identification.

### Section B—Individual Screening

#### Column 1: Individual Screening Referral from School Screening Team

Report the Total Number of Students by ethnicity who were *Individually Screened* based on referral of the School Screening Team following review of Grade Level Screening.

#### Column 2: Individual Screening Referral from Sources other than School Screening Team

Report the Total Number of Students by ethnicity who were *Individually Screened* based on a referral from sources other than the School Screening Team (i.e., parent, teacher, self-referral, or outside agencies).

## **Section C—Comprehensive Evaluation**

Section C reports students who received a Comprehensive Evaluation and services through an IEP or General Education funded programs were initiated in the 2005-2006 school year.

### **Column 1: Total Students Comprehensive Evaluation**

Report by ethnicity and gender the total number of students who received a Comprehensive Evaluation following the procedures described in State Board of Education Rule 0520-1-9-.01 ( 15 (h) – Intellectually Gifted Standards.

### **Column 2: Total Students Special Education Standards and IEP**

Report by ethnicity and gender the total number of students who were determined to be eligible (i.e., IEP developed) for Special Education services in the 2005-2006 School Year.

### **Column 3 Total Students LEA Criteria and LEA Gifted Program**

Report by ethnicity and gender the total number of students who met district-developed gifted criteria and received services through General Education funded programs in the 2005-2006 School Year.

## **Section D—Program Delivery Services**

Section D reports data for ALL students receiving Gifted Services in the 2005-2006 school year. Include the total child count for all students regardless of the length of time the student has received gifted services (i.e., one day in the 2005-2006 year or multiple years). Student count for Section D **does not include** students enrolled in Advanced Placement or Honors Classes **unless** there is an IEP or General Education Program.

### **D (1) – Program Delivery Special Education Gifted Services**

Report by ethnicity the total number of students who received Gifted Services with an IEP in the 2005-2006 school year. Report students by grade level (kindergarten through 12<sup>th</sup> grade).

### **D (2) – Program Delivery General Education Gifted Services**

Report by ethnicity the total number of students who received Gifted Services through a General Education Funded Program in the 2005-2006 school year. Report Students by grade level (kindergarten through 12<sup>th</sup> grade).

## END OF YEAR REPORT FOR GIFTED—TABLE 7

Return hard copy of TABLE 7 and District Gifted Tracking Log by mail to Mike Copas, Gifted Coordinator:  
Department of Education, Division of Special Education, 7<sup>th</sup> Floor, 710 James Robertson Pkwy., Nashville, TN  
37243-0380. Return electronic copy of TABLE 7 to [Mike.Copas@state.tn.us](mailto:Mike.Copas@state.tn.us).  
Do not fax TABLE 7. Important data may be cut off by fax machine.

Include in this report all referrals for gifted assessment that have been completed no later than June 30, 2006. Referrals that have not been completed by June 30, 2006 (including the IEP team or school placement meetings) will be reported for the 2006-2007 school year.

### System and Reporting Information

- 1) School System \_\_\_\_\_ 2) School Year – 2005-2006
- 3) Person Reporting \_\_\_\_\_
- 4) Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ 5) Email \_\_\_\_\_
- 6a) Is the TN DOE Approved *LEA Plan for Gifted* on file: ☐ Yes ☐ No
- 6b) Record the most recent revision / DOE Approval Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section A – Systematic Grade Level Screening

- Section A reports systemwide grade level screening for Gifted Identification.
- Section A does not report eligibility and placement for services.

Note: Systematic Grade Level Screening Procedures are described in the *Intellectually Gifted Manual*, Section 4, beginning with page 8. (Special Education Website:  
<http://www.state.tn.us/education/speced/seassessment.htm#DISABILITY>)

System provides Grade Level Screening at grade [Check One]: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup>  
☐ Other (Briefly Describe) \_\_\_\_\_

*Note: This section does not report students referred for Individual Screening.*

Report by ethnicity the **Total Number of Students** provided **Systematic Grade Level Screening for Gifted Identification** in the 2005-2006 School Year

**Systematic Child Find** and individual screening are included in **3) Evaluation Procedures** of the Eligibility Standards for Intellectually Gifted. *Grade Level Screening* provides the means for conducting this systematic child find process. Systems must provide a sound justification in writing if there is no data is reported or data is reported as 0 (zero) in Section A.

		Grade Level Screening (Student Total)
Ethnic Populations	White (Not Hispanic)	
	Black (Not Hispanic)	
	Hispanic	
	American Indian or Alaska Native	
	Asian or Pacific Islander	

Sections B and C report all students who have been referred for Individual Screening and Comprehensive Evaluations. Referrals that have not been completed by June 30, 2006 (up to and including the IEP Team or school placement meeting) will be reported for the 2006-2007 school year.

## Section B – Individual Screening

Note: Individual Screening Procedures and Comprehensive Evaluation Procedures are described in the *Intellectually Gifted Manual*, Section 4, beginning with page 9, and posted on the Special Education Website at <http://www.state.tn.us/education/speced/seassessment.htm#DISABILITY>

“It is recommended that in determining the pool of candidates for *Individual Screening*, the *School Screening Team* should conduct a comprehensive review of the student’s records including grades, student risk factors, and other available standardized test information.” (*Intellectually Gifted Manual*, p. 8)

**Column 1** Report the total number of students by ethnicity who were referred and *Individually Screened* as a result of Systematic Grade Level Screening.

**Column 2** Report the number of students by ethnicity who were *Individually Screened* as a result of other referral sources (i.e., parent, teacher, outside agencies).

		Column 1 Individual Screening  Referral from School Screening Team	Column 2 Individual Screening  Referral from Sources other than School Screening Team
Ethnic Populations	White (Not Hispanic)		
	Black (Not Hispanic)		
	Hispanic		
	American Indian or Alaska Native		
	Asian or Pacific Islander		

## Section C – Comprehensive Evaluation

“When a Comprehensive Evaluation is recommended, the parents of the child are sent the *Response to Individual Screening* form. This becomes the referral for a comprehensive evaluation. In addition, the parents are sent the *Informed Consent for Initial Assessment* form, the *Rights of Children with Disabilities* and *Parent Responsibility* brochure, and *Prior Written Notice*. The process of evaluation should follow all guidelines set forth in Tennessee’s **Rules, Regulations, and Minimum Standards** and with the **Individuals with Disabilities Education Act (IDEA – Part B)**.” (*Intellectually Gifted Manual*, p. 10)

Report the number of students by ethnicity and gender who were ***Evaluated and Services for Gifted*** were initiated in the 2005-2006 School Year following guidelines described below:

**Column 1** Report by ethnicity and gender the total number of students who received a comprehensive evaluation following procedures described in **State Board of Education** Rule 0520-1-9-.01 (15 (h) – Intellectually Gifted Standards.

**Column 2** Report by ethnicity and gender the total number of students who were determined to be eligible (i.e., IEP developed) for Special Education services in the 2005-2006 school year.

**Column 3** Report the number of students by ethnicity and gender who met district-developed gifted criteria and services were initiated through General Education funded programs in the 2005-2006 school year.

		Column 1 Total Students Comprehensive Evaluation		Column 2 Total Students Special Education Standards and IEP		Column 3 Total Students LEA Criteria and LEA Gifted Program	
		Male	Female	Male	Female	Male	Female
Ethnic Populations	White (Not Hispanic)						
	Black (Not Hispanic)						
	Hispanic						
	American Indian or Alaska Native						
	Asian or Pacific Islander						

## Section D (1)

### Program Delivery – Special Education Gifted Services

Report the number of students by ethnicity and grade **Receiving Gifted Services** through **Special Education** (students with an IEP). Include students receiving consultation services in the general education classroom when written into the IEP. **Do not include** students in Advanced Placement or Honors Classes, **unless** the student has an IEP.

		Special Education												
		Grade Level												
		Kg.	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
Ethnic Populations	White (Not Hispanic)													
	Black (Not Hispanic)													
	Hispanic													
	American Indian / Alaska Native													
	Asian / Pacific Islander													

## Section D (2)

### Program Delivery – General Education Gifted Services

Report the number of students by ethnicity and grade **Receiving Gifted Services** through **General Education** (programs and services funded through General Education). **Do not include** students in Advanced Placement or Honors Classes, **unless** they have been identified as Gifted through the local General Education Guidelines.

		Local Programs Funded through General Education												
		Grade Level												
		Kg.	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
Ethnic Populations	White (Not Hispanic)													
	Black (Not Hispanic)													
	Hispanic													
	American Indian / Alaska Native													
	Asian / Pacific Islander													